

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Shi Du Yan and David Stern

Serial No. : 10/577,506 Examiner: _____

Filed : November 30, 2006 Group Art Unit: _____

For : METHODS FOR TREATING MULTIPLE SCLEROSIS

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: October 26, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

____ No additional fee is required.

The filing fee is calculated as follows:

Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
			Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	21 -	* 20 =	*** 1 X	\$25	\$50	= 50.00
Independent Claims	6 -	** 3 =	*** 3 X	\$105	\$210	= 630.00
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No			\$185	\$370	=	
			TOTAL ADDITIONAL FEE \$ 680.00			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
Page 2

The following are also enclosed:

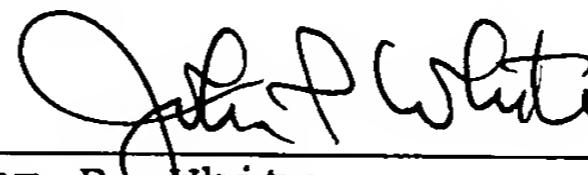
One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)
 A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time
 Other (identify):

THE TOTAL FEE DUE IS \$ 680.00.

A check in the amount of \$ 680.00 is enclosed.
 Please charge Deposit Account No. in the amount of
\$.

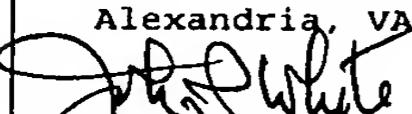
The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

 October 26, 2007
John P. White Date
Reg. No. 28,678

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SECOND PRELIMINARY AMENDMENT

This Second Preliminary Amendment is submitted in connection with the above-identified application.

Amendments to the claims begin on page 2.

Remarks begin on page 6.